

## **Family Planning Program Class D Pharmacy License Exemption Request**



## **PART I – AGENCY/CLINIC INFORMATION**

Agency Name				
Clinic Name (Clinic Requesting Waiver)				
Clinic Address (Clinic Requesting Waiver - Physical Address)	City	County	State	ZIP
Contact Name	Contact Telephone Number	Contact Email Address		

## **PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

1. **What is the primary purpose of the study?** (e.g., to evaluate the effectiveness of a new treatment, to explore the relationship between two variables, to describe a population, etc.)

## PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

## **PART IV – MEMORANDUM OF UNDERSTANDING (MoU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

## PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

Class D Pharmacy Exemption Granted:  Yes  No